

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. *19010512* FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		2			
4	2		2			
5	2		2			
6	2		2			
7	1		2			
8	1		2			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	1		2			
18	1		2			
19			2			
20	1		2			
21	1		2			
22	1		2			
23	1		2			
24	1		2			
25	1					
26	1					
27	1					
28	1		2			
29	1		2			
30	1					
31	1					
32	1		2			
33	1		2			
34	1					
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36	1					
37	1					
38			1			
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1		140			
TOTAL DEP.	0		7			
TOTAL CLAIMS	46		41			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy